

Montana
PUBLIC SERVICE COMMISSION TAX

Department of Revenue

STATEMENT OF GROSS OPERATING REVENUE WITHIN MONTANA AND TAX DUE

FOR QUARTER ENDING _____ 19____. Federal I.D. # _____

Name and Address of Regulated Company:

Indicate by check in proper box the broad general category of regulated service provided:

- | | |
|--|---|
| <input type="checkbox"/> Natural Gas Supplier | <input type="checkbox"/> Railroad |
| <input type="checkbox"/> Water System | <input type="checkbox"/> Electricity Supplier |
| <input type="checkbox"/> Telephone & Telegraph | <input type="checkbox"/> Pipeline |
| <input type="checkbox"/> Other (Specify) _____ | <input type="checkbox"/> Sewer System |

Is service generally provided statewide? ☐ Yes ☐ No

If not provided statewide indicate particular area for which service is provided: _____

1. Gross Operating Revenue generated by all regulated activities within
Montana for this calendar quarter..... \$ _____
2. Gross revenues from sales to other regulated companies for resale..... \$ (_____)
3. Total - Subtract Line 2 from Line 1..... \$ _____
4. Tax Due (Line 3 X tax rate of _____) \$ _____

Remittance for tax due must accompany this report

(Date)

(Signature of Principal or Agent)

INSTRUCTIONS: Prepare statement in duplicate. Retain duplicate in company files for audit purposes. Statement and remittance for any tax due must be postmarked on or before the 30th day following the end of each calendar quarter. If you have any questions, please write or call:

Business Tax Section
Montana Department of Revenue
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Helena, MT 59604
(406) 444-1945